



MASTER LICENSE SERVICE
DEPARTMENT OF LICENSING
PO BOX 9034
OLYMPIA, WA 98507-9034
PHONE: (360) 664-1400

UBI _____

Liquor/Lottery license number (Office use only) _____

Please type or print in dark ink.

CHANGE IN CORPORATE OFFICERS AND/OR STOCK OWNERSHIP

01P-400-731-0003

List fee amount next to each license you hold and enter total fees due in the box below:

TYPE OF LICENSE HELD/FEE	AMOUNT DUE
Liquor.....\$75.00, Change in more than 10% of stock or election of new officers.	\$
Lottery.....\$25.00, Change in 10% stock or more. (No fee for Corporate Officer change.)	\$
Gambling.....\$53.00, Change in stock of 10% to 50%. (No fee for Corporate Officer change.)	\$
PLEASE NOTE: Contact the Gambling Commission if the change is greater than 50%	
TOTAL AMOUNT DUE	
	\$

CORPORATE OFFICERS

*Make check payable to the
Washington State Treasurer*

At the completion of this corporate change, the officers will be as follows:

Corporate name as registered with the Washington Secretary of State		UBI Number	
PRESIDENT	Name: Last First Middle Birthdate	Social Security Number	% Owned
	Home address: Street or Route City State Zip Code		Telephone ()
	Name of Spouse: Last First Middle		
VICE PRESIDENT	Name: Last First Middle Birthdate	Social Security Number	% Owned
	Home address: Street or Route City State Zip Code		Telephone ()
	Name of spouse: Last First Middle		
SECRETARY	Name: Last First Middle Birthdate	Social Security Number	% Owned
	Home address: Street or Route City State Zip Code		Telephone ()
	Name of Spouse: Last First Middle		
TREASURER	Name: Last First Middle Birthdate	Social Security Number	% Owned
	Home address: Street or Route City State Zip Code		Telephone ()
	Name of spouse: Last First Middle		

If necessary, attach additional sheets using the same format as shown above.

*Corporate Officer changes should also be filed
with the Washington Secretary of State's office,
Corporations Division.*

**PLEASE COMPLETE THE REVERSE SIDE. YOUR
SIGNATURE IS REQUIRED ON PAGE TWO.**

STOCK OWNERSHIP

Total stock Authorized	Number of shares issued	Par value per share
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LIST STOCK HOLDERS AND STOCK CERTIFICATES

Please complete all of the following. Start with Certificate number 1. If more space is needed, attach additional sheets in the same format.

Name of stockholder: Last First Middle			Social Security Number — —		Birthdate
Home address: Street or Route City State Zip Code			Name of Spouse: Last First Middle		
Number of shares owned	% owned	Date(s) issued or enter "pending" if not yet issued			

Name of stockholder: Last First Middle			Social Security Number — —		Birthdate
Home address: Street or Route City State Zip Code			Name of Spouse: Last First Middle		
Number of shares owned	% owned	Date(s) issued or enter "pending" if not yet issued			

Name of stockholder: Last First Middle			Social Security Number — —		Birthdate
Home address: Street or Route City State Zip Code			Name of Spouse: Last First Middle		
Number of shares owned	% owned	Date(s) issued or enter "pending" if not yet issued			

Name of stockholder: Last First Middle			Social Security Number — —		Birthdate
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Number of shares owned	% owned	Date(s) issued or enter "pending" if not yet issued			

Name of stockholder: Last First Middle			Social Security Number — —		Birthdate
Home address: Street or Route City State Zip Code			Name of Spouse: Last First Middle		
Number of shares owned	% owned	Date(s) issued or enter "pending" if not yet issued			

PLEASE NOTE: ADDITIONAL FORMS OR DOCUMENTS MAY BE REQUIRED BY THE INDIVIDUAL AGENCY
Liquor Control Board: (360) 664-0012 • Lottery: (360) 753-2155 • Gambling: (360) 438-7654 X300.

CERTIFICATION

Under penalty of perjury, I hereby certify there have been no changes in officers or stockholders that have not been reported, and that each officer and stockholder is the real party in interest with respect to his/her position and is not acting directly or indirectly as an agent, employee or representative of any other person not reported. The undersigned certifies on behalf of the corporation that it is understood that a misrepresentation of fact is cause for rejection of this application or revocation of any license issued.
FOR GAMBLING ONLY: Elected Chief Executive must sign below.

Name (please print) _____ Title _____
Signature **X** _____ Date _____